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A DISSERTATION ON ANÆMIA.

BY A PHYSICIAN OF RHODE ISLAND.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Several times, in the course of the last year, I have seen an inquiry in your Journal for some information respecting that disease which was proposed by the Fiske Fund Trustees for a prize essay, and which we have denominated *Anæmia;* but as nothing has transpired or has been published in the Journal on the subject, it is presumed that nothing worthy of a prize medal or of publication, has been written on the disease. Therefore, if you think the following hastily written essay worthy of a place in your Journal, you are at liberty to publish it.

Respectfully, &c. F.

"What are the causes and nature of that disorder, often incident to puerperal women, characterized by inflammation and ulceration of the mucous membranes of the mouth and fauces, anorexia, emaciation and diarrhœa, and which frequently terminates fatally; and what is the best mode of treatment to be employed therein?"

This disease is the *Dyspepsia Anæmia* of Dr. Young, the *Marasmus Anæmia* of Dr. Good, and is placed by the latter in his third Class, Diseases of the Sanguineous Functions, 4th Order, Cachexies.

Either of these names is appropriate to the disease, inasmuch as each of them embraces two of the attending symptoms; but dyspepsia being one of the first and most prominent symptoms, some physicians will prefer the name given to the disease by Dr. Young.

Anæmia is the opposite of plethora, and may be defined, "A deficiency of blood in the whole body, not proceeding from natural or artificial hæmorrhage, giving rise to a waxy, bloodless state of the countenance and surface, emaciation, feeble quick pulse, and great languor and debility." Bloodlessness is a rare disease in the interior of the country, among the laborious peasantry, who are almost all the day in the open air. Puerperal women, likewise, beyond the influence of the sea air, are rarely afflicted with it; but yet, it is sometimes observed in connection with chlorosis, and in its local forms, throughout the whole country. But in the following observations we shall treat of general anæmia only.

The blood circulating through the system may be deficient in its quality or quantity, and in a due proportion of red globules. In many cases where the blood is deficient in quantity, the red particles are still more remarkably diminished, being insufficient to give the blood its

usual scarlet color. General anæmia sometimes appears as a primary disease, but is often symptomatic of some pressure or lesion of the vessels which convey the chyle or nutritious fluids into the blood; or it may originate in a morbid action of those organs which are concerned in the processes of sanguification, which last is perhaps the most common cause in puerperal women.

The dyspeptic symptoms often attending a state of gestation are so much increased in some individuals, and the stomach becomes so irritable, that almost all the food which is taken is soon afterwards rejected; hence this is one of the sources of want of nourishment and a deficiency of blood. Another source of deficient nourishment may be sought for in a want of vital power, and a debility or a depressed state of the digestive organs themselves, or the nerves with which they are supplied, a torpid state of the organic class of nerves being frequently antecedent to this particular state of digestion, assimilation, and sanguification. The influence of the sun's rays upon both vegetables and animals, is well known. The gardener etoilates his cellery by covering it from the light of the sun. This proves that the circulating process in vegetables cannot be duly performed without exposure to both light and air; and it is extremely probable that when a person is excluded from the light of the sun, and confined to a damp malarious situation, constantly breathing an unwholesome air, the organic class of nerves are deprived of their accustomed salutary stimuli, and no longer properly assist the chylification and sanguifying process. The genial influence of the sun promotes all the vital actions, especially those of organic life—the aged feel the influence of its beams, and the young are stimulated to new vigor—and the hybernating animals awake from their long wintry sleep. But persons confined in deep mines, entirely excluded from the sun's rays, and constantly respiring the confined, unwholesome air usually present in such locations, are very subject to anæmia.

In the 9th vol. of the "*Journal de Médecine*," by Professor Halle, of Paris, mention is made, by M. Chomel, of the workmen employed in a coal mine, at Aurain, being nearly all affected with the disease. "It commenced with violent colicky pains in the stomach and bowels, palpitations, dyspnœa, diminution of strength, distention of the abdomen, flatulence, blackish green stools, followed in the course of ten or twelve days with a waxy, bombycinous, bloodless appearance of the countenance; walking was accompanied with great fatigue, and performed with much difficulty; the face became swollen, and palpitations of the heart, causing extreme anxiety, succeeded by copious perspiration, took place. These symptoms continued for a year or more, attended with extreme emaciation. At length a recurrence of the original symptoms took place, with violent headache, intolerance of light and sound, and frequent syncope, pain and distention of the bowels and purulent stools, when death soon closed the scene." "Out of fifty who had the disease, none were perfectly cured, and three died. In a post-mortem examination of one of them, all the large bloodvessels were found nearly empty, containing only a small quantity of light-colored serum, without any mix-

ture of red globules. The liver was small, and did not project beyond the ribs; it was soft and pliable in every part, was of a pale-yellow color, both externally and in its substance, which was soft and unctuous to the touch. The gall-bladder was half full of bile, of the color of the yolk of an egg; and when analyzed was found to contain much coagulable albumen. The spleen was small and softer than ordinary; and the liquor which flowed from it, as it generally is, was red like the dregs of red wine." "The stomach, when opened, was found half full of a liquor resembling the dregs of wine. The duodenum and jejunum were lined with a mucus of a similar color; and when the mucus was removed, the membrane, both in the stomach and intestines, in all their extent, appeared white and sound." Surely the above cannot be the condition of the bowels in those cases attended with a dysentery or purulent dejections.

According to our experience and observations, general anæmia does not take place unless preceded by a morbid condition of some of the organs concerned in the process of chylification, and the formation of the blood. When the functions of the liver, spleen or pancreas, are in part or wholly suspended, the digestive powers of the stomach are enfeebled, and anæmia, more or less severe, follows.

Chlorosis may be regarded as the mildest form of the general disease; and if we take into consideration the attending symptoms, we shall most certainly arrive at the conclusion, "that all the organic functions, those of digestion, assimilation, sanguification, nutrition, and generation, are inadequately performed.

Many physiologists suppose that the lungs, in addition to their office of converting venous into arterial blood, exert an assimilating influence upon the absorbed chyle and lymph which the venous blood contains. Perhaps this opinion is correct. But yet the process must be considered a vital one, caused by the direct influence of the nervous system upon the blood. "Professor Myers found that when both pneumogastric nerves were tied, the blood coagulated in all the pulmonary vessels, the coloring matter being separated from the fibrine; and that this change was not the consequence of death, but its antecedent, since it was uniformly found upon opening the bodies the moment they expired. M. Dupuytren had previously ascertained, that a simple division of the pneumogastric nerves prevented the venous from being converted into arterial blood in the lungs. M. Dupuy found that when the pneumogastric nerves were divided in the cervical region, in horses, the quantity of fibrine in the blood became progressively diminished to a very remarkable extent; and that a similar result followed laborious breathing in diseases, and that the blood throughout the animal was entirely dissolved after the pneumogastric nerves had been divided. A severe blow over the cocliac ganglion will produce instant death, and the blood will remain dissolved, and exhibit the same appearances as after death by lightning and the most violent poisons. These remarkable changes can only be effected by the organic or ganglial class of nerves, by the central source of vital power upon the vascular system, and by the effect thereby produced upon the blood."—*Copland's Med. Dict.*, p. 193–4.

But though the blood may become purified, and receive an additional principle in its circulation through the lungs, yet in our opinion other organs are as much or more concerned in the process of sanguification.

"It is the opinion of some writers, that the bile is poured out into the duodenum, that it may be blended with the chyme, and by producing chemical changes in it, convert it into chyle. In order to arrive at some satisfactory conclusion on this point, Sir Benjamin Brodie applied a ligature round the choledochus ductus of an animal, so as completely to prevent the bile entering the intestine, and then noted the effects produced on digestion of the food which the animal had swallowed, either immediately before or immediately after the operation. The experiment was repeated several times, and the results were uniform. When an animal swallows solid food, the first change which it undergoes is that of solution in the stomach. In this state of solution it is denominated chyme. The appearance of the chyme varies according to the nature of the food. For instance, in the stomach of a cat the lean and muscular part of animal food is converted into a brown fluid of the consistence of thin cream; whilst milk is first separated into its two constituent parts of coagulum and whey, the former of which is afterwards re-dissolved, and the whole converted into a fluid substance, with very minute portions of albumen floating in it. Under ordinary circumstances, the chyme, as soon as it enters the duodenum, assumes the character of *chyle*. The latter is seen mixed with excrementitious matter in the intestines, and in its pure state ascending the lacteal vessels. Nothing like chyle is ever found in the stomach; and Dr. Prout, whose attention has been much directed to the chemical examination of these fluids, has ascertained that albumen, which is the principal component of chyle, is never to be discovered higher than the pylorus. Now in my experiments, which were made chiefly on young cats, where the ligature had been so applied as to obstruct the choledochus ductus, the first of these processes, namely, the production of chyme in the stomach, took place as usual; but the second, namely, the conversion of chyme into chyle, was invariably and completely interrupted. Not the smallest trace of chyle was perceptible either in the intestines or lacteals. The former contained a semifluid substance, resembling the chyme found in the stomach, with this difference, however, that it became of a thicker consistence in proportion as it was at a greater distance from the stomach; and that, as it approached the termination of the ileum in the cœcum, the fluid part of it had altogether disappeared, and there remained only a solid substance, differing in its appearance from ordinary fæces. The lacteals contained a transparent fluid, which I suppose consisted partly of lymph, and partly of the more fluid parts of the chyme which had become absorbed."—*Journal of the Sciences and the Arts, No.* 28.

From the above experiments it is apparent that chylification depends upon a healthy secretion of the liver, and hence one cause of deficient nourishment arises from a morbid or a deficient secretion of the biliary organs. The fact has also been sufficiently established that the liver assists the lungs in freeing the blood from the carbon which it has imbibed in the course of the circulation through the system.

The spleen is considered by most writers subservient in its functions to those of the liver. "Hewson believed it to be destined to the elaboration of the globules of the blood. Tiedemann and Gmelin are of opinion that it is intimately connected with the absorbent system, and that it assists the process of sanguification." "The blood of dogs deprived of the spleen is found to run speedily into putrefaction. Hence Schmidt considers that the spleen is concerned in the preparation and assimilation of the elements of the blood. Professors Tiedemann and Gmelin maintain that the spleen secretes a reddish coagulating lymph from the arterial blood, which secretion is conveyed by the absorbents to the thoracic duct, where it mixes with the chyle and renders it similar to the blood. This inference they think is proved by the chyle assuming a red color in the ductus thoracicus, and that when this coagulable lymph was prevented from reaching the duct, this change did not take place. Hence they argue that the gradual change of chyle into blood is the consequence of passing through the mesenteric glands, and of the admixture of the reddish coagulable lymph supplied by the absorbents of the spleen."—*Richerand's Physiology, Note N.*

"M. Fallot observes, that it is certainly known to every experienced physician, that when the spleen has been diseased for any length of time, a dyscrasis of the circulating fluids is almost invariably induced."

We add Dr. Johnson's comment upon M. Fallot's paper. "It is not quite easy to determine whether the dyscrasis of the circulating fluids is owing to the morbid state of the spleen, or whether the converse of the proposition be true. However this may be, the constitutional symptoms usually associated with chronic enlargement of the spleen are these —general debility, paleness and deficiency of red blood in the capillaries; the conjunctivæ are pale and bloodless, scleroticæ are of a pearly-blue color, and the complexion is waxy as in chlorosis. If the disease has existed for any length of time, the extremities are apt to be cold, and the skin is pale and dry, shrivelled, and often furfuraceous. Adults do not suffer so much from enlargement as children do. In young subjects it is very apt to induce an incurable marasmus; whereas we not infrequently observe that, with adults, it may exist for a length of time without being attended with serious disturbance of the constitution. Does not this difference seem to indicate that this viscus is probably more or less directly connected with the formation of the blood?

"Patients affected with vascular engorgements of the spleen are very prone to foul sloughing ulcers, from slight wounds or bruises; and all restorative processes are observed to be very tardily and imperfectly performed. The blood of such patients is always more or less unhealthy; sometimes it coagulates only imperfectly, and no serum is separated; in other cases the cruor is black, soft, and does not assume a florid hue on the surface from the contact of the air. In short, not a few of the attributes or symptoms of genuine scorbutis are found in many cases of enlarged spleen. There is a tendency to hæmorrhage from slight wounds or ulcers; punctures and abrasions of the skin are apt to ulcerate; the gums become gangrenous and the teeth fall out, and the

alveoli become carious. Hæmoptysis and hæmatemesis are not infrequent occurrences. The functions of the stomach and bowels, too, are almost always disturbed; the food being not properly digested or assimilated, and the alvine evacuations irregular and unhealthy. In the advanced stage of the disease, dysentery or some form of dropsy usually supervenes."—*Johnson's Review, Vol.* 30, *p.* 535.

The foregoing observations respecting the office of the lungs, liver, spleen, pneumogastric and organic nerves, in the process of sanguification, are deemed important in order to establish a correct pathology of this obscure disease, that will lead to a judicious and successful treatment. The first link in the chain of morbid action in anæmia, as we think, commences in an organic disorder, or in a functional derangement, of one or of all these organs. That the functions of the liver are deranged, is proved by the appearance of the vitiated bile in the dejections; and generally on inspecting the region of the spleen, that organ will be found enlarged at the commencement of the disease. The functions of the stomach are always more or less deranged; but whether it precedes or follows the morbid condition of the other organs, yet remains to be determined.

Symptoms.—In the foregoing remarks nearly all the symptoms of anæmia have been noticed, but it may not be improper briefly to enumerate them in this place. Among the first symptoms are a loathing of food; a costive state of the bowels, or the reverse; dyspepsia; acid eructations; nausea; flatulence; borborygma; small, feeble and irregular pulse, easily excited by emotions of the mind; the patient is languid, very weak and feeble, and feels a sense of sinking and fainting on assuming the erect posture, which is followed by palpitations. Soon the countenance assumes either a bombycinous, or a pale, waxy, blanched appearance; the veins of the skin are scarcely seen, and, when emptied by pressure, fill again very slowly. The tongue, lips, and inside of the mouth, are pale, and the conjunctiva is bloodless. The respiration becomes short, oppressed, hurried, sometimes with gasping, irregular convulsive movements, tremors, and swelling of the feet and ankles. In this state the patient may be carried off by convulsions, by syncope, and by suddenly assuming the erect posture, or sink with the symptoms of exhaustion, or effusion of water on the brain, lungs, or into the pericardium. Bloodlessness, or a deficiency of red globules in the blood, and the visceral disorders already mentioned, give rise to various affections, both organic and functional. That anæmia should be complicated with certain chronic affections of the lungs, liver, spleen, pancreas, mesenteric glands, absorbent system, chlorosis, &c., may be anticipated; and that it should give rise to dropsical effusions, diarrhœa and dysentery, need not surprise us, since there is a diminished tone of the exhalents and absorbents, and a deficiency, or a weak, thin state of the blood, the crasis of which is much reduced, and there is a more rapid circulation of the small quantity remaining in the bloodvessels.

A moderate degree of anæmia will often give rise to various functional derangements, such as palpitations, hysterical and epileptic convulsions, syncope, nervous tremors resembling chorea, nausea and vomiting

of an extremely acid and acrid substance, headache, diarrhœa, dysentery, leuco-phlegmatic swellings, doughy countenance, gastralgia, colic pains, weak digestion, vermination, softening of the internal viscera, and rapid emaciation.

But there are other symptoms which, perhaps, are more distressing than any which have been enumerated. We allude to the distressing cardialgia, or burning sensation of the stomach, which perhaps results from the morbid secretions of the liver and pancreas being thrown into the stomach during the retching and vomiting; inflammation, excoriation, or ulceration of the mucous membrane follows, which gradually extending upwards, fixes upon the mucous membranes of the mouth and fauces, and eventually produces small pimples of the size of mustard seed, on the tip and edges of the tongue, and on the inside of the cheeks and the verge of the curtain. The pimples are attended with a fiery redness of the part, and both the pimples and redness gradually enlarge and spread until the whole mouth and fauces are covered with the inflammation and ulcerated pimples, which increase in violence until sloughing, and such a tenderness and rawness of the mouth ensue, that stimulating drinks or solid food cannot be taken into the mouth without producing great pain and smarting. During the continuance of the sore mouth, there is an incessant flow of saliva, which has an offensive odor, and a putrid, saltish taste. When the mouth becomes very sore, the burning sensation in the stomach is almost entirely removed; but if repellants are applied to the mouth and fauces, and the ulceration is thereby healed, the stomach is again attacked with the same distressing symptoms as at first.

But sometimes the acrid secretions, acting upon the mucous membranes of the bowels, cause a diarrhœa, or a dysentery of the most intractable kind. Swallowing the saliva during the continuance of the sore mouth will also produce the same distressing affection of the bowels. But whenever one part of the digestive tube is severely affected, other portions, previously implicated, are relieved, and the diseased action often successively passes through every portion of the primæ viæ. These symptoms continuing week after week, gradually undermine the general health, and the countenance becomes sallow and cadaverous. The burning at the stomach is accompanied with acid eructations, and often with a vomiting of acrid phlegm, which, together with the purging, rapidly reduce the strength and emaciate the body. After some time the disease ceases, as if it had worn itself out; but the favorable symptoms are delusive, for there is not vigor enough in the constitution to heal the ulcerations, and the original cause continuing to act, fresh exacerbations take place, and all the symptoms become much aggravated, and are accompanied with a fearful despondency. The acrid matter makes frequent translations from the mouth to the stomach and bowels, and from them to the mouth again, until at length the patient is reduced to almost a complete skeleton, and under the persevering attacks of the disease, sinks, bloodless and exhausted, to the grave.

This disease, and the symptoms attending it, so much resemble the *chronic thrush*, that *anæmia* has been mistaken for it. Such a mistake,

however, might be pardoned, for it is not yet decided whether the anæmia is the effect or the cause of the *aphthæ chronica*; although most writers consider every species of aphthæ symptomatic of some previous disease.

(To be continued.)

SCARLATINA.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I have been pleased to observe that you have several times, of late, called the attention of the faculty to the subject of scarlet fever. I hope you will continue your calls, until their attention shall be thoroughly aroused. I address you at this time to make two or three inquiries; and I do this for the purpose of directing attention to a point which I fear has not received sufficient attention in this country. Several European writers have noticed the combination to which my inquiries refer, but I am not aware that much observation has been directed to it in this country.

Before propounding my inquiries, I will remark that I have never observed those inconveniences resulting from the use of tartarized antimony, in this disease, which have induced Professor Cross to condemn it in such decided terms. On the other hand I have used it freely, and should my success continue as great as it has hitherto done, I shall certainly continue its use. Seven years ago I attended, in one autumn and winter, seventy-six cases, and only one of them terminated fatally. My treatment consisted chiefly in the free use of calomel, small doses of ant. tart., with occasional emetics of the same, and opiates as they were required. Such small doses of opium as are useful in allaying the irritation of the system, will be sufficient, in most cases, to counteract the tendency of the antimony to run off by the bowels. This fact seems to have been overlooked by the professor.

The inquiries which I wish to propose, are the following. Does cynanche maligna run into c. trachealis? In other words, does the inflammation extend from the tonsils and fauces to the larynx, trachea, and even to the bronchial tubes? If it does, in what proportion of the fatal cases does the inflammation thus extend? Does c. maligna often prove fatal, in the acute stage, without exhibiting decided symptoms of c. trachealis? Does the tendency to this extension of the inflammation depend upon any appreciable circumstance, as the state of the atmosphere, season of the year, local causes, &c.? If it should be decided by observation that the inflammation does frequently extend to the trachea and its branches, and especially that this is true in a large proportion of the fatal cases, will this lead to any modification of the treatment of cynanche maligna?

Should these inquiries turn the attention of observers to this point, and especially should they lead those who have made observations relative to it, to communicate them, my purpose will be answered.

Yours, respectfully,

Gloucester, Mass., March 15th, 1839. Joseph Reynolds.

POISON NOT POISON.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE been much interested, Mr. Editor, in the controversy about Dr. Holyoke, and especially by the manner in which the subject has been handled by Dr. Peirson. That gentleman has surely acquitted himself nobly, and proved himself a workman in the cause of temperance that "needeth not to be ashamed."

And yet there is one thing in his article in your paper of the 13th, which is rather puzzling. "A man," says the doctor, "may take poison, and not be poisoned." What does he mean? Do you know, Mr. Editor? I can hardly expect Dr. P. to reply; but really, I wish somebody would relieve my mind on the subject.

He cannot, of course, mean to say that a man may take poison and hold it in his hand, a short time, and yet not be poisoned; for every one knows that. Nor can he mean to say that the application of poisonous substances to the cuticle, especially of a part of the body which does not absorb, is uninjurious; for that would be to assert what is also well known. Nor can he mean that to swallow poison enclosed and concealed from the lining membrane of the mouth, œsophagus and stomach, and by means of an emetic, or otherwise, to throw it up again immediately, does not poison; for this is sufficiently obvious. What, then —I repeat the question, for it seems to me an important one—does he mean?

Perhaps you will direct me to Dr. P.'s own remark in the same sentence with the former, as an explanation of his meaning. "The prussic acid," says he, "in a peach leaf or bitter almond may be used to flavor a custard with as little danger as rose water."

Such remarks—assertions, rather, for they are unsupported by facts —do not satisfy me. Can it be seriously believed that prussic acid, in contact with the mucous membrane of the stomach, in the lacteals, in the heart and bloodvessels, in the lungs, and even in the brain itself, in any degree, however small, is as innocent as "rose water?" Dr. P. himself may possibly believe it, but I do not; neither do I think very many of his other readers will. Can he prove what he affirms?

If it can be proved, how? Analogy is against it. Facts are against it. Common sense is against it. Dr. P.'s own concessions are against it. Does he not profess to believe, with Sir Anthony Carlisle, that "most aged persons die of actual disease in organs not worn out by the length of time they have been performing their functions?" Does he not say that "the diseased alterations of every organ must have a cause connected with the exercise of the function of that organ?" Pray, then, what are the causes of diseased organs in old men? I was going to ask, what could have been the cause of the appearance of Dr. Holyoke's stomach, since he did nothing to injure it, unless it were by taking small doses of poison; but the doctor has been harassed on that subject so long, that I forbear. I will only add that I should like exceedingly to understand the proofs of the position that "a man may take poison" into his system "and not be poisoned;" or, in other words, that *poison is not poison.*

A.

CAUSES OF DISORDERED STOMACH.

An acquaintance with the *causes* as well as the constitution is not less useful in throwing light upon the nature of disease, and affording indications for its successful treatment; and we are therefore desirous that, in a narrative of cases, they also should be distinctly stated. It is true that they are often difficult of detection, but we have ever found it an excellent rule in practice to take it for granted that an active cause *does* exist, whether we can find it out or not, and consequently never to lose sight of any opportunity of getting at it which a better acquaintance with the patient's condition or private history may afford. It is astonishing how often and how completely we may be misled if we trust implicitly to the statement of the patient, especially in answer to a general question, where a different meaning may be attached to the same words. Thus, when we inquire whether he is aware of any cause for his ailments, he will necessarily answer according to what he believes to be causes, and may confidently, and honestly, and rationally reply in the negative, where, on a little examination, a cause, very palpable to a practitioner, becomes immediately apparent. About a year ago, for example, we were consulted for severe indigestion, by a strong, healthy-looking man, in the prime of life, who declared that he knew no cause whatever for his ailments. On our expressing an opinion that a very powerful cause *must* be in operation to induce such a state in a person of his formation, and catechizing him closely as to his habits, it came out that he was extremely fond of shooting and athletic sports; and that in the highlands, where he chiefly lived, he was in the custom of walking out after a good breakfast, and spending the whole day on the hills, without further support, till he returned nearly exhausted to a six o'clock dinner, to which he sat down famishing, and, after eating almost to oppression, he fell into a deep sleep, from which he awoke disturbed by dreams and flatulence. So far from considering this mode of life as the cause of his indigestion, his wonder was why he, who was so constantly in the open air, and took so much exercise, should nevertheless have an inefficient stomach! In another instance we were lately assured by a lady, to whom we were called in the country, and where we had not an opportunity of seeing the evacuations, that her bowels were in perfectly good order and acted daily; when, on examining the abdomen to remove our scepticism on that point, we found it distended by fæces. On ordering a succession of active purgatives and injections for their removal, the patient remonstrated, and stated that, as she had repeatedly of late taken salts, which operated freely, it would weaken her too much to give her more, and that she could not require them. We of course insisted; and when, to her great surprise and relief, an enormous quantity of solid fæces made its appearance, she then said it was *many weeks* since she had passed a natural evacuation *of that kind*; but that, not knowing that liquid excretions were insufficient, she had answered our questions as she did. In a third instance, of very recent occurrence, we were assured by a gentleman of much good sense that he knew no cause for a continual irritation subsisting in the stomach and bowels, attended by great de-

pression of spirits and sleeplessness, and that all his habits were regular and temperate. It turned out, however, that, feeling much debility, he was eating meat twice a day, by way of keeping up his strength; making a very long fast between breakfast and dinner, on account of business; taking a glass or two of wine after dinner, *to relieve exhaustion*, and a good supper and spirits and water at night, *to promote sleep*; and, to crown all, taking frequent irritating purgatives, *to carry off the offensive matter* which lodged in his bowels and caused the depression! As he had an apparently good reason to assign for each of his practices, and felt immediate relief from his purgative, it never occurred to him that any of them could be looked upon as the real *cause* of his sufferings; and, even when the fact was pointed out to him, he was at first not a little incredulous. The excess of food, the long fast, the supper, the spirits, and the purgatives, were evidently the original causes of the irritation; and, when these were obviated, and the diet for a time restricted to mild farinaceous food, without wine, he began to recover; still, however, occasional relapses arose, chiefly from the abuse of purgatives, which he was unwilling to give up, because, as he said, he *felt* relief from them, and they must therefore do good. Ultimately his eyes were opened to their true effects also, and he got well much sooner than he expected.

We have insisted, at some length, upon the necessity of careful examination into the facts of the case, because it is peculiarly in stomach affections that both patient and practitioner are apt to be deceived, unless the latter satisfies himself by his own observation, and that a right regimen (using that term in its widest sense) can accomplish more than is commonly imagined. If the practitioner contents himself with merely ascertaining what the affection is and prescribing medical treatment for its relief, he leaves the half of his duty undone, and the patient speedily relapses into worse that his former state.

That a constant reference to the habits and constitution of the patient is of real importance in practice, will be still further evident from a survey of the cases above narrated, as having lately occurred to ourselves. Had we implicitly relied on the first patient's assertion, that there was no cause for his indigestion, we might have sent him back to the mountains to remain a sufferer, because he would have returned unsuspectingly to the mode of life which excited the evil. Not aware of the necessity of renewed supplies of nourishment to the system at proper intervals, he made long fasts even while using great bodily exertion; and not aware that bodily fatigue *exhausts the stomach* in common with other organs, he sat down to his evening meal on his return home before the fatigue went off; and, believing that his day's exertions required an ample dinner, he ate almost to repletion; and, overcome by fatigue and the distension of stomach, fell forthwith into a profound sleep, which still further impaired the digestive powers. Here, it is obvious, no permanent cure could be effected without a direct reference to the past history and exciting cause. On various occasions, accordingly, he had come to town for advice; and, by local depletion, moderate diet, and mild laxatives, speedily obtained relief; but invariably on his return to the country, the symptoms recurred, much to his own surprise, as he always understood

that country air and exercise were the best cures for indigestion. On explaining to him the errors into which he had fallen, and urging him to adapt his mode of life more closely to the laws of his constitution, he had no difficulty in understanding the causes of his relapses, and promised to avoid them in future. When we last heard of him, he was much better, but not entirely well.

In the third case, again, the patient, who was a man of much good sense, conceived himself acting very properly when he took much nourishing food and wine to relieve the sense of debility; spirits and water to procure sleep; and constant purgatives, to relieve the depression and carry off offensive matter. From all of these practices he felt *immediate* relief; and thence, naturally inferring that they were beneficial, he had no hesitation in declaring that he knew no cause whatever for his ailments; and yet, to any one who was acquainted with the human functions, it was manifest that he was taking twice the quantity of nourishment which his weakened stomach could digest or his sedentary mode of life require; that the wine merely relieved the oppression caused by the undigested food, and that the supper and spirituous drinks merely gave him rest by nightly inducing a state of oppression akin to apoplexy. In his former treatment most of these things were overlooked; and hence, after having been twice relieved by physicians under whose care he placed himself at a distance, he also relapsed on his return. But when his reason became convinced, he changed his whole system of living, and with the best results; for, when we saw him lately, he presented a healthy clearness of countenance and alacrity of mind to which he had been long a stranger.—*British and Foreign Med. Review.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 27, 1839.

IMPAIRED VOICE, IN CLERGYMEN.

Within less than twenty years a new disease has been developed in this country, which is almost exclusively confined to parish ministers. It is a loss of tone in the vocal organs, attended by a sense of fatigue in the muscular apparatus of the throat, and accompanied by a peculiar dryness and rigidity, apparently, of the lining membrane of the larynx. All these circumstances concur to destroy the original character of the voice, and finally incapacitate very many excellent men from discharging their pastoral duties. A multitude of divines are actually more or less affected with this malady of the throat, at this moment, and very many have been absolutely obliged to ask dismission from their people, in consequence of a total inability to read their discourses in public, or conduct the ordinary services of the desk. Many have placed themselves under medical care, with an expectation that rest, together with the administration of a gentle course of tonic remedies, would eventually overcome the difficulty, and enable the vocal cords to vibrate with their original energy. In other words, the sufferer has generally supposed that the original sonorous in-

tensity and power of articulation, which by some unexplained combination of causes has been partially destroyed, might be restored by the operation of external or internal applications. But the success in treatment has by no means answered the expectations of those who prescribe, or those who take the intended remedies. The disease, instead of diminishing, though neither infectious or contagious, increases in a ratio corresponding with the multiplication of the clergy. What can be the cause? Let it be premised that the clergy of olden times, both in and out of New England, performed quite as much clerical service as those of modern times—and yet their vocal organs were the last to fail.

A few evenings since, in the course of conversation with Dr. Mauran, a distinguished physician of Providence, R. I., this topic was under discussion, and he remarked that he could not ascertain, either in his own circle of acquaintance, or by inquiry among professional gentlemen residing in different sections of the country, that those clergymen who used tobacco, had ever suffered from the *minister's ail*, with one single exception. The inference, therefore, was, that smoking or chewing kept up a secretion in the neighborhood of the glottis, favorable to the good condition and healthy action of the vocal box.

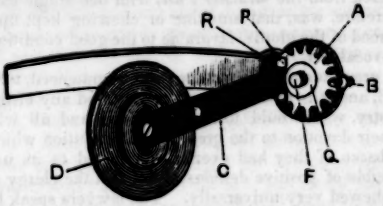
Since the great temperance reformation commenced, tobacco has been anathematized, and it is now extremely rare to find any of the new comers into the ministry, who would tolerate tobacco; and all who are distinguished for their devotion to the great moral revolution which is going on, abandoned tobacco, if they had ever been addicted to its use. Now it is almost susceptible of positive demonstration that the clergy of olden times smoked and chewed very universally. The lawyers speak hours together, and when leisure permits, many of them smoke; and, as a general rule, the leading advocates are very great smokers—and yet, who ever heard of a lawyer who had lost his voice?

Medical Testimony.—The City of Boston having applied to the General Court, now in session, for certain powers, in relation to the introduction of water from the country, the petition was referred to a joint committee of the Senate and House. Several meetings have been held in the Senate Chamber, and the Mayor, in behalf of the Corporation, on the one hand, and the remonstrants on the other, have brought forward a multitude of medical testimony, both for and against the necessity of entering upon this great, and, we fully believe, desirable undertaking. Thus far, the weight of medical evidence seems to preponderate in favor of the water from abroad. Though no positive cases of disease were adduced as having been developed by the habitual use of native water—notwithstanding its proverbially bad reputation with all strangers, and even amongst ourselves—the physicians seem to concur in the opinion that the public health would be promoted by a plentiful supply of pure soft water—come from where it may.

Medical Citation.—By turning to Vol. XIV., No. 18, of this Journal, the reader will find a report of the trial and expulsion of Dr. John S. Bartlett, now a resident of Marblehead, from the Massachusetts Medical Society. Dr. Bartlett has appealed, at the expiration of three years, to the Legislature, and asked for a hearing before a committee, that he may show that the Society has violated its charter, which ought, therefore, to

be taken away by the power from whence it was derived. It is quite difficult to state the present position of things, not thinking it worth while to be at the trouble of taking notes at the examination; but the presumption is, that, like the boundary war, this proceeding will not seriously injure any one who has the honor of a fellowship in this venerable association. If, in the course of human events, the Legislature should lend an attentive ear to the accusations brought against the entire body of physicians in the Commonwealth of Massachusetts, for excluding a member from their fellowship whom they considered unworthy of their professional regard, then some minutiæ may be expected.

Dr. Fletcher's Truss.—The cut below represents the moveable parts of this ingenious instrument more perfectly than any previous one, being a view of the inner side.



A, refers to the rotary wheel, showing the cogs and manner of attaching the pad. B, the screw by which the pad is permanently located at any point. C, a short piece of steel connecting the pad to the rotary wheel. D, the pad, which is represented as turned back to exhibit the other parts more distinctly, is circular in form, convex on its inner surface, is made large or small, hard or soft, thick or thin, as individual cases require. F, the screw by which the pressure is increased upon the pad. P, two posts on the rotary wheel, by means of which the pad and rotary wheel are connected. Q, the post on the inner side of the main piece, and on which the rotary wheel is riveted. R, a bend in the main piece, allowing the fan of the rotary wheel to be on a level with the inner surface of the main piece, which, when covered, presents a smooth surface.

It gives us much satisfaction to learn that this invention meets the approbation of the most distinguished surgeons in New England, without at all lessening the claims of those who are already in the market, as benevolent competitors for professional as well as general public approbation.

A Cure for Warts.—Dr. Lewis, the vigilant and scientific physician of the House of Correction, at South Boston, informs us that a boy was sent to the institution, whose hands were completely studded over with large, rough, ragged warts—amounting to an actual deformity. He was set to sorting brass trunk nails, as they came in sheets from the mould—and at the expiration of a month, both hands were wholly and perfectly freed from the unsightly excrescences, and the skin was left smooth and in good condition. Query—what dispersed the warts? The opinion of correspondents is solicited.

New York Hospital.—For the convenience of medical strangers, visiting the city of New York, who might be desirous of examining the hospital, the names of the medical officers, for the ensuing year, are here published. *Consulting Physician*, Thomas Cock, M.D.; *Attending Physicians*, F. U. Johnson, J. M. Smith, J. B. Beck and J. Macdonald, M.D.'s; *House Physician*, W. H. Maxwell, M.D.; *Consulting Surgeon*, V. Mott, M.D. (in Europe); *Attending Surgeons*, A. H. Stevens, J. C. Cheesman, J. K. Rodgers, A. C. Post, R. K. Hoffman and G. Buck, M.D.'s; *House Surgeons*, J. S. Heard and J. B. Gould, M.D.'s; *Librarian*, J. L. Vandervoort.

Medical Miscellany.—Eighty-four young gentlemen, of the Jefferson Medical School, Philadelphia, received the degree of M.D. on the 15th of March.—An extra meeting of the Council of the Massachusetts Medical Society was held at the Athenæum, on Monday, the 18th inst.—There will be an adjourned meeting of the same body April 3d, at 11, A.M.—Dr. Robert Capen, an industrious and persevering man, of Hingham, Mass., is preparing a work on natural and medical history, which may possibly extend to three or four volumes, octavo, in which case it will not be ready for the press for more than a year to come.—Dr. Thos. King, of Ray, Missouri, is about publishing, in connection with another gentleman, a history of the Mormons.—The varioloid has subsided at Pottsville, Penn., after having had possession of the town a long time.—The expenses of the Bloomingdale Asylum for the year 1838, amounted to $38,676 10. The expenditures of the New York Hospital for the last year, were $34,124 85—and its income was precisely the same—$12,500 00 being a State annuity, and $15,857 85 for board of seamen.—At the Drifford Lunatic Asylum, England, which is limited to twelve patients, and is under the charge of Mr. George Bodington, the number of cures effected has been at the rate of 70 per cent. At the Gloucester county Asylum, 50 per cent. recovered; at Hanwell, 19; and at Stafford, 46 per cent. The mean duration of the treatment at the Drifford Asylum, was 21 weeks, 5 days; at Gloucester, 1 3-4 years; at Hanwell, 4 years; at Stafford, 1½ years.—The editor of the London Lancet has recently published a large number of statistical facts, collected from various sources, to show that the protective power of vaccination is influenced by the lapse of time since the introduction of the vaccine virus into the system of the individual. The documents he has collected are voluminous, and, so far as they can be depended on, it would appear to be a settled fact, that not only the susceptibility to smallpox in vaccinated persons increases with the increase of time since vaccination, but also the gravity and danger of the disease.—During the last year, 10,085 persons have been supplied with medicines and faithfully attended to gratuitously, by the New York Dispensary, either at the Dispensary, or at their own houses. This great amount of good was accomplished at an expense of only $2922.—A poor woman at Haymoor, England, was lately delivered of a child of the following admeasurement and weight. The long diameter, from the occiput to the root of the nose, 7 1-4 inches; the occipito-mental, 8½ inches; from the parietal protuberances, 5 inches; the circumference of the skull, 15 1-4 inches; the circumference of the thorax over the xyphoid cartilage, 14½ inches; the breadth of the shoulders, 7 1-4 inches; the extreme length, 24 inches. The weight, *seventeen pounds, twelve ounces.*

Whole number of deaths in Boston for the week ending March 23, 39. Males, 16—females, 15.

Of consumption, 6—scarlet fever, 5—old age, 1—convulsions, 1—dropsy, 1—lung fever, 3—hæmorrhage, 1—inflammation of the lungs, 1—dropsy on the brain, 1—stoppage in the bowels, 1—hooping cough, 3—erysipelas, 1—typhous fever, 1—suicide, 1—disease of the spine, 1—palsy, 1—stillborn, 6.

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

This new instrument for the radical cure of Prolapsus Uteri, or Falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of *Sir Astley Cooper*, of *London*; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweetman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry Davies, Conquest; Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Academie Royale de Medecine, Paris, and Accoucheur to the Duchess D'Orleans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D., Professor of Midwifery in University of the city of New York; Professor Delafield, Professor Francis U. Johnston, President County Medical Society; Laureus Hull, President Medical Society, State of New York; Professor James McNaughton, Albany; Professor March, Professor Uyrus Perkins, Professor Doane; James Webster, M.D., Professor of Anatomy and Surgery, Geneva; David L. Rodgers, Professor Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kissam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

AMOS G. HULL,
Office 4 Vesey Street, Astor House, New York.

☞ A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price $16. Feb. 13—6m

BROWN'S PATENT SELF-INJECTING APPARATUS.

The undersigned respectfully calls the attention of medical practitioners to a newly-invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness; and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—eoply WILLIAM BROWN.

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Boston, August 1, 1838. tf.

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The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct 31—eptf

TO PHYSICIANS.

A PHYSICIAN wishing a stand, where he may command a large business, may hear of one by application to the editor of the Medical Journal; if by letter, post paid. M. 27—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.